



STATE OF IOWA

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DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

INFORMATIONAL LETTER NO. 973

DATE: December 15, 2010

TO: Iowa Medicaid HCBS Habilitation Providers
Iowa Medicaid Targeted Case Management Providers

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Date Span Billing Edit Examples

EFFECTIVE: December 1, 2010

Informational Letters 940 and 955 announced changes in the way CMS 1500 claim forms should be submitted to avoid date span billing edits that are being implemented due to the National Correct Coding Initiative (NCCI). This letter is intended to provide examples of both correct and incorrect billing under various scenarios.

The billing rules in the examples below apply to all unit types of daily or shorter. Examples are given in daily and hourly unit types, but would also be applicable to half-day or 15-minute units.

I. When a claim line contains a span of days, it will be assumed that an equal distribution of units was provided for each day in the span.

Example 1 – Hourly Services

Beginning date of service on line: 12/1/10

Ending date of service on line: 12/3/10

Number of units billed: 5

➤ Result: Five units do not evenly divide into the three day span. The claim is not paid.

Example 2 – Hourly Services

Beginning date of service on line: 12/1/10

Ending date of service on line: 12/3/10

Number of units billed: 6

➤ Result: The system assumes two units were provided per day, and the claim is paid. NOTE: Your documentation must support the billing. If multiple units were provided, but not in an equal number per day, then each day must be billed with the appropriate number of units on a separate line on the claim form (see example #3).

Example 3 – Hourly Services

Beginning date of service on first line: 12/1/10

Ending date of service on first line: 12/1/10

Number of units billed: 3

Beginning date of service on second line: 12/2/10

Ending date of service on second line: 12/2/10

Number of units billed: 1

Beginning date of service on third line: 12/3/10

Ending date of service on third line: 12/3/10

Number of units billed: 1

➤ Result: A total of 5 units are paid for the time period covered on the claim.

Example 4 – Daily Services

Beginning date of service on line: 11/1/10

Ending date of service on line: 11/30/10

Number of units billed: 31

➤ Result: Thirty-one units do not evenly divide into the 30 day span. The claim is not paid.

Example 5 – Daily Services

Beginning date of service on line: 11/1/10

Ending date of service on line: 11/30/10

Number of units billed: 30

➤ Result: The system assumes one unit was provided per day, and the claim is paid.

II. Date spans should not include days on which no service was provided

Example 6 – Daily Services

Beginning date of service on line: 12/1/10

Ending date of service on line: 12/31/10

Number of units billed: 29

➤ Result: Twenty nine units do not evenly divide into the 31 day span. The claim is not paid.

Example 7 – Daily Services

Beginning date of service on first line: 12/1/10

Ending date of service on first line: 12/15/10

Number of units billed: 15

Beginning date of service on second line: 12/18/10

Ending date of service on second line: 12/31/10

Number of units billed: 14

➤ Result: The system assumes one unit was provided per day for each line billed, and the claim is paid for a total of 29 units.

Providers affected by this change include Habilitation Services and Targeted Case Management (TCM) providers. Please note that these changes do not apply to HCBS Waiver services (including case management when provided as a HCBS waiver service). If you provide both HCBS Waiver services and Habilitation, or HCBS Waiver services and TCM, your billing method will vary by program.

These changes were effective December 1, 2010 for dates of service beginning November 1, 2010. Claims and adjustments processed for dates of service prior to November 1, 2010 will not be affected.

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909 or locally (in Des Moines) at 256-4609, or e-mail at imeproviderservices@dhs.state.ia.us.